

MONTANA CHEMICAL DEPENDENCY CENTER

POLICY AND PROCEDURE MANUAL

Policy Subject: Custodial	
Policy Number: ICP 13	Standards/Statutes: ARM 37.27.120.121
Effective Date: 01/01/02	Page 1 of 4

PURPOSE: To provide patients, staff and visitors a clean, safe, sanitary and attractive environment.

POLICY: Facility will be cleaned and disinfected on a regular scheduled basis using knowledge of safe cleaning methods, following OSHA regulations, and universal precautions for blood and body fluids.

PROCEDURE:

I. The staff custodian to assure all areas of the facility are cleaned on a regular basis will follow a cleaning schedule.

A. Cleaning and disinfecting of all areas will be completed using approved cleaning chemicals and prescribed methods.

1. A central file of all MSDS sheets required for the facility is kept available for employees and patients. Maintenance of a current inventory of MSDS sheets, including obtaining new MSDS sheets as new chemicals are brought into the facility is mandatory.

B. MSDS sheets are available to all employees and patients and are located in several places within the facility.

1. First floor communication area
2. Second and third floor. Logs are divided into individual areas on each floor. Behind each individual area divider is an OSHA Chemical substance List for that particular area. Required MSDS sheets follow.

II. It is a requirement of OSHA that all chemical containers must be labeled.

A. The label must be legible.

- B. The label must include the identity of the chemical, including the brand and chemical name, appropriate hazard warnings, and name and address of chemical manufacturer.
 - C. The label must be secured in such a way it will not fall off and a protective cover placed over the label in case the label gets wet.
- III. Employees are instructed not to bring any cleaning agents or other potential hazardous chemicals into the facility.
- IV. The staff custodian is responsible to notify the Infection control/nursing supervisor of any new products and/or chemicals being used in the facility to assure MSDS sheets are available.
- V. Prior to ordering new chemicals for the facility, the product and chemical makeup will be reviewed and approved by the infection control/nursing supervisor.
- VI. Cleaning supplies will be stored on shelves and in cupboards at low levels to avoid lifting injuries or chemical splashing into eyes.
- VII. Following OSHA guidelines medical materials and supplies must not be stored next to housekeeping items or under sinks.
- VIII. Waste and trash must be segregated into infectious and non-infectious (general) wastes.
- IX. Containers for biohazard (infectious) waste must be marked with the international Biohazard symbol. The containers must be lined with red bags.
 - A. Bags for infectious waste must be of high quality, leak-proof and red in color.
 - B. Containers must have tight fitting lids.
 - C. Biohazard waste is collected per contract by an outside firm.
- X. General waste (non-infectious waste) is emptied into trashcans that have been lined with plastic garbage bags. It is collected on a daily basis and transferred to the main collection Dumpster.
- XI. All patients are required to maintain daily upkeep of their own rooms, make their bed and launder their own clothes and bedding. To help establish pride in their environment patients may volunteer to assist with housekeeping duties on their assigned floor.
 - A. A list of cleaning duties that patients may volunteer for is posted on each treatment floor. The patient will volunteer for the duty for one week. At that time a new person may volunteer to do the task.
 - B. The staff custodian will monitor the cleaning duties, giving guidance when appropriate always bearing in mind safety concerns for both the patient and facility.

XII. Protective equipment, rags and utility gloves are provided in the utility closet located on each floor.

XIII. All cleaning supplies for patients' use are to be stored in the utility closet, located at the end of each hall. Cleaning supplies are not to be located the nurses station or in the patient rooms.

A. Cleaning supplies provided include disinfectant cleaner, window cleaner, floor cleaner and rags. If any supply is low, patients can request more supplies from staff (custodian; treatment specialists).

B. Soiled rags are to be placed in the labeled container as soon as a cleaning task has been completed - soiled rags are not to be left lying around.

C. When floors are being cleaned it is always necessary to place the WET FLOOR signs at each end of the area that will be wet. When cleaning the hallway only wet one side at a time to assure a dry walkway. Always start with clean water, using appropriate cleaner for the task. When finished using the mop and bucket, be sure emptied mop and bucket is stored in the appropriate area.

D. Paper supplies are stored in the closets at the end of the hallway. Patients may help themselves as necessary. Staff custodian will keep the closet stocked.

XIV. It is the responsibility of the custodian to be observant while on the treatments floors. If a patient room is not being cleaned, it is to be reported to his/her supervisor. The supervisor will place a note on the door of the room stating the problem(s). At a latter time after the patient had time to remedy the problem(s), if the situation still exists, the patient's primary treatment counselor will be informed. The counselor will then assume the responsibility of handling the problem.

XV. The custodian is required to be in all areas of the facility during the course of a day, therefore many maintenance and/or safety issues may become apparent that will need to be reported either to the safety officer, supervisor, Administrator, Administrator of nursing or maintenance department.

A. A safety issue depending on the severity of it should first be brought to the attention of either the safety officer or support service supervisor, depending on which one is available. If not available notify the Administrator, nursing supervisor or another supervisor on duty.

1. On a weekly basis all equipment and electrical cords on the treatment floors are checked to assure that they are in good working condition. A checklist is completed and submitted to the safety officer where they are maintained in a ledger.

XVI. If a problem is apparent the item is removed from the floor and given to the safety officer to be repaired or disposed of.

A. Maintenance issues that are not an emergency will be recorded on a maintenance request form and submitted to the maintenance department.

B. Maintenance issues that pose a safety risk or that require immediate attention will be brought

C. It is a nursing staff duty to maintain detoxification rooms, nurse's station, blood draw room, medication room, dirty utility, pantry and other nursing staff areas.

- Revisions: _____
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- Approved By: _____ 01/01/02
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